

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

U T - 0 1 - 006

2. STATE:

UTAH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431.53, 440.170

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$0

b. FFY 2002 \$-0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 3.1-D

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

same

10. SUBJECT OF AMENDMENT:

Administrative Transportation

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Rod L. Betit

13. TYPED NAME: Rod L. Betit

14. TITLE: Executive Director
Department of Health

15. DATE SUBMITTED:
March 9, 2001

16. RETURN TO:

Rod L. Betit - Executive Director
Department of Health
Box 143102
Salt Lake City, UT 84114-3102

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 29, 2001

18. DATE APPROVED:

June 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01-01-01

20. SIGNATURE OF REGIONAL OFFICIAL:

Spencer K. Ericson

21. TYPED NAME:

Spencer Ericson

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: March 20, 2001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

MEDICAL ASSISTANCE PROGRAM

State UTAH

Transportation/Administrative

In order to insure necessary transportation of recipients to and from providers of medical services, the following options are provided.

Administrative transportation services that can be paid to a recipient or a designated representative are limited to:

- a. Cost of transportation for a recipient by approved means. When traveling in a private vehicle, the cost of transportation is limited to a per mile reimbursement rate established by the Department for actual miles traveled.
- b. A per diem not to exceed a maximum established by the Department, in R414-306-6(12), to be applied toward the cost of meals and lodging when it is necessary for the recipient to remain away from home, outside of a medical facility, while receiving approved treatment.
- c. Cost of transportation and per diem not to exceed a maximum established by the Department, in R414-306-6(12), to be applied toward the cost of meals and lodging for one parent to accompany a dependent child to receive covered services, when it is necessary for the recipient to remain away from home, outside of a medical facility, while receiving approved treatment.
- d. Transportation costs and a per diem not to exceed a maximum established by the Department, in R414-303-6(12), for an attendant to accompany a recipient to receive covered services, when there is a justifiable medical need for an attendant. A parent or an individual can meet the existing medical need demonstrated by the patient. Salary is included if the attendant is not a member of the patient's family.
- e. These services are covered only for the period of time the attendant has responsibility for hands-on care of the recipient. Stand-by time is not covered.

Out of state travel must be prior authorized by Medicaid. Such travel will only be authorized when medical need cannot be met within the state.

T.N. No. 01-006

Supersedes

T.N. No. 44-87

Approval Date 06/06/01

Effective Date 01/01/01